

promises to local communities that the Congress does not have a track record of keeping. The House of Representatives took a \$15 billion bill into negotiations with a \$14 billion bill from the Senate and instead of splitting the difference, emerged with a Washington compromise that costs over \$23 billion. This is not fiscally responsible, particularly when local communities have been waiting for funding for projects already in the pipeline. The bill's excessive authorization for over 900 projects and programs exacerbates the massive backlog of ongoing Corps construction projects, which will require an additional \$38 billion in future appropriations to complete.

This bill does not set priorities. The authorization and funding of Federal water resources projects should be focused on those projects with the greatest merit that are also a Federal responsibility. My Administration has repeatedly urged the Congress to authorize only those projects and programs that provide a high return on investment and are within the three main missions of the Corps' civil works program: facilitating commercial navigation, reducing the risk of damage from floods and storms, and restoring aquatic ecosystems. This bill does not achieve that goal. This bill promises hundreds of earmarks and hinders the Corps' ability to fulfill the Nation's critical water resources needs—including hurricane protection for greater New Orleans, flood damage reduction for Sacramento, and restoration of the Everglades—while diverting resources from the significant investments needed to maintain existing Federal water infrastructure. American taxpayers should not be asked to support a pork-barrel system of Federal authorization and funding where a project's merit is an afterthought.

I urge the Congress to send me a fiscally responsible bill that sets priorities. Americans sent us to Washington to achieve results and be good stewards of their hard-earned taxpayer dollars. This bill violates that fundamental commitment. For the reasons outlined above, I must veto H.R. 1495.

GEORGE W. BUSH.

THE WHITE HOUSE, November 2, 2007.

The SPEAKER pro tempore. The objections of the President will be spread at large upon the Journal, and the veto message and the bill will be printed as a House document.

Pursuant to the order of the House of Thursday, November 1, 2007, further consideration of the veto message and the bill will be postponed until tomorrow.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the

vote is objected to under clause 6 of rule XX.

Record votes on postponed questions will be taken after 6:30 p.m. today.

STOP TUBERCULOSIS (TB) NOW ACT OF 2007

Mr. ENGEL. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1567) to amend the Foreign Assistance Act of 1961 to provide increased assistance for the prevention, treatment, and control of tuberculosis, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1567

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Stop Tuberculosis (TB) Now Act of 2007".

SEC. 2. FINDINGS.

Congress finds the following:

(1) Tuberculosis is one of the greatest infectious causes of death of adults worldwide, killing 1.6 million people per year—one person every 20 seconds.

(2) One-third of the world's population is infected with the tuberculosis bacterium and an estimated 8.8 million individuals develop active tuberculosis each year.

(3) Tuberculosis is the leading infectious killer among individuals who are HIV-positive due to their weakened immune systems, and it is estimated that one-third of people with HIV infection have tuberculosis.

(4) Today, tuberculosis is a leading killer of women of reproductive age.

(5) There are 22 countries that account for 80 percent of the world's burden of tuberculosis. The People's Republic of China and India account for 36 percent of all estimated new tuberculosis cases each year.

(6) Driven by the HIV/AIDS pandemic, incidence rates of tuberculosis in Africa have more than doubled on average since 1990. The problem is so pervasive that in August 2005, African Health Ministers and the World Health Organization (WHO) declared tuberculosis to be an emergency in Africa.

(7) The wide extent of drug resistance, including both multi-drug resistant tuberculosis (MDR-TB) and extensively drug resistant tuberculosis (XDR-TB), represents both a critical challenge to the global control of tuberculosis and a serious worldwide public health threat. XDR-TB, which is characterized as being MDR-TB with additional resistance to multiple second-line anti-tuberculosis drugs, is associated with worst treatment outcomes of any form of tuberculosis. XDR-TB is converging with the HIV epidemic, undermining gains in HIV prevention and treatment programs and requires urgent interventions. Drug resistance surveillance reports have confirmed the serious scale and spread of tuberculosis with XDR-TB strains confirmed on six continents. Demonstrating the lethality of XDR-TB, an initial outbreak in Tugela Ferry, South Africa, in 2006 killed 52 of 53 patients with hundreds more cases reported since that time. Of the world's regions, sub-Saharan Africa, faces the greatest gap in capacity to prevent, find, and treat XDR-TB.

(8) With more than 50 percent of tuberculosis cases in the United States attributable to foreign-born individuals and with the increase in international travel, commerce, and migration, elimination of tuberculosis in the United States depends on ef-

forts to control the disease in developing countries. Recent research has shown that to invest in tuberculosis control abroad, where treatment and program costs are significantly cheaper than in the United States, would be a cost-effective strategy to reduce tuberculosis-related morbidity and mortality domestically.

(9) The threat that tuberculosis poses for Americans derives from the global spread of tuberculosis and the emergence and spread of strains of multi-drug resistant tuberculosis and extensively drug resistant tuberculosis, which are far more deadly, and more difficult and costly to treat.

(10) DOTS (Directly Observed Treatment Short-course) is one of the most cost-effective health interventions available today and is a core component of the new Stop TB Strategy.

(11) The Stop TB Strategy, developed by the World Health Organization, builds on the success of DOTS and ongoing challenges so as to serve all those in need and reach targets for prevalence, mortality, and incidence reduction. The Stop TB Strategy includes six components:

(A) Pursuing high-quality expansion and enhancement of DOTS coverage.

(B) Implementing tuberculosis and HIV collaborative activities, preventing and controlling multi-drug resistant tuberculosis, and addressing other special challenges.

(C) Contributing to the strengthening of health systems.

(D) Engaging all health care providers, including promotion of the International Standards for Tuberculosis Care.

(E) Empowering individuals with tuberculosis and communities.

(F) Enabling and promoting research to develop new diagnostics, drugs, vaccines, and program-based operational research relating to tuberculosis.

(12) The Global Plan to Stop TB 2006-2015: Actions for Life is a comprehensive plan developed by the Stop TB Partnership that sets out the actions necessary to achieve the millennium development goal of cutting tuberculosis deaths and disease burden in half by 2015 and thus eliminate tuberculosis as a global health problem by 2050.

(13) While innovations such as the Global Tuberculosis Drug Facility have enabled low-income countries to treat a standard case of tuberculosis with drugs that cost as little as \$16 for a full course of treatment, there are still millions of individuals with no access to effective treatment.

(14) As the global resource investment in fighting tuberculosis increases, partner nations and international institutions must commit to a corresponding increase in the technical and program assistance necessary to ensure that the most effective and efficient tuberculosis treatments are provided.

(15) The Global Fund to Fight AIDS, Tuberculosis and Malaria is an important global partnership established to combat these three infectious diseases that together kill millions of people a year. Expansion of effective tuberculosis treatment programs constitutes a major component of Global Fund investment, along with integrated efforts to address HIV and tuberculosis in areas of high prevalence.

(16) The United States Agency for International Development and the Centers for Disease Control and Prevention are actively involved with global tuberculosis control efforts. Because the global tuberculosis epidemic directly impacts tuberculosis in the United States, Congress has urged the Centers for Disease Control and Prevention each year to increase its involvement with international tuberculosis control efforts.

(17) The United States Agency for International Development is the lead United